

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90877 009 ***150.00

DOCUMENT # P00000059431

1. Entity Name
PATSY C. CASSIDY PERMANET MAKEUP ARTIST INC.

Principal Place of Business
2666 EMERALD LAKE CT.
KISSIMMEE FL 34744

Mailing Address
2666 EMERALD LAKE CT.
KISSIMMEE FL 34744

2. Principal Place of Business
2695 EMERALD LAKE CT.
 Suite, Apt. #, etc.

3. Mailing Address
2695 EMERALD LAKE CT
 Suite, Apt. #, etc.

City & State
KISSIMMEE, FL 34744
 Zip Country
34744 USA

City & State
KISSIMMEE, FL
 Zip Country
34744 USA

4. FEI Number **59-3655325**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASSIDY, DONALD R.
2666 EMERALD LAKE CT.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name **CASSIDY, DONALD**
Street Address (P.O. Box Number is Not Acceptable)
2695 EMERALD LAKE CT.
City **KISSIMMEE, FL** **Zip Code** **34744**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DONALD R. CASSIDY** **4-6-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **CASSIDY, PATSY S**
STREET ADDRESS **2666 EMERALD LAKE CT.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VD** ☐ **Delete**
NAME **CASSIDY, DONALD R**
STREET ADDRESS **2666 EMERALD LAKE CT.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PATSY S. CASSIDY (D)** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2695 EMERALD LAKE CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **DONALD R. CASSIDY** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2695 EMERALD LAKE CT.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD R. CASSIDY Vp.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02
Date

407-944-9703
Daytime Phone #

CR2E034 (9/01)